

which the gangrenous wound and arm presented was rather appalling and the odour was simply frightful. The accompanying cut taken from a photograph which Dr. Garrett very kindly took for me a few minutes before the operation was performed, conveys a very fair impression of the condition of the parts. A sloughing wound extended inwards to the nipple line and



upwards, crossing the clavicle and continuing over the spine of the scapula to the posterior boundary of the axilla. The arm was attached to the body posteriorly only by two or three shreds of skin, and the comminuted fragments of the humeral head were freely exposed in the open wound. After the fatigue of his long and painful journey it was thought advisable to let the patient rest as well as possible during the night and defer operation until the morning. His pulse was